1503 - 137 - 4265

FEC FORM 3X

Only

FE7AN014

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

141 21 PM 2:27

								Office Us	e Only	111 2. 7.
1.	NAME C	OF TEE (in full)	TYPE OR PRINT ▼		imple: If typi r the lines.	ng, type	12FE4M5FEC MAIL CENTER			
Americans, For oblino										
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ADDRESS (number and street)										
	Che thar	ck if different n previously orted. (ACC)	$[C_1I_1e_1\sqrt{e_1}I_2]$	<u></u>			0 H	1441	o 시-	<u> </u>
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲										
	C a	0,5694	75	3. IS THIS REPORT		NEW (N) OR		AMENDED (A)		
4.	TYPE (Choose	OF REPORT One)	(b) Monthly Report Due On:		led cen	May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Quarterly Reports:		Due On:	=7		Jul 20 (M7)	<u> </u>	Sep 20 (M9) Oct 20 (M10)		(Non-Election Year Only) ;
		April 15 Quarterly Report (6	Q1) (c) 12-Day	Apr 20 (M4)	Primary (12I		:Si (임)	eral (12G)		Runoff (12R)
		July 15 Quarterly Report (0	DRF-Flor	tion (E)			Special (12S)		in the	
		October 15 Quarterly Report (6 January 31	Q3)	Comp						
	Y	Year-End Report (YE)	Election on		16-10-1			State of	
		July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	on (d) 30-Day POST-Ele Report fo	h	General (30G)		Runoff (Special (30S)
				Election on	[M"= M"] /	[DD]/			in the State of	
5.	Covering	Period /	/ 25 / 2	014	through	12	.3	1 20	14	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Geoffrey P. Lorel										
Signature of Treasurer Date Date Date										
NO	TE: Submi	ission of false, error	neous, or incomplete int	formation may s	ubject the per	son signing	this Report	to the penaltic	es of 52	U.S.C. § 30109
ì	1	fice se							FOR lev. 12/20	